

## 1a. Client Record Number

         
Mark X or ✓ in ☐Mark number in 

## 1b. Unique ID (Required for Willie M. &amp; Thomas S)

         

## 1c. Area Program Admission Date

  /   /     

m m d d y y y y

## 1d. Date of Last Face to Face Contact

  /   /     

## 1e. Date COI Completed

  /   /     

## 2a. Facility Code

     

## 2b. Report Unit/Cost Center

     

## 2c. Project Code

     

## 2d. Case Manager/Clinician ID

     

## 3a. COI Type (Select Code)

1-Initial   
2-Update 3-Discharge 

## 3b. Non-Completion Only

1-Client not seen   
2- Client refused to participate   
3- Inactive 9 - Other reason 

## 3c. Discharge Only

1- Achieved Service Goals   
2- Left Before Completion   
3- Discharged/Non-compliant 9-Other 

## 4. Eligibility and Special Populations (Mark all that apply)

- ☐ a. None ☐ j. Deaf/hard of Hearing  
☐ b. Work First Client ☐ k. Non-English Speaking  
☐ c. Medicaid Recipient ☐ l. Youth with Sexually Aggressive Behavior  
☐ d. CAP MR/DD ☐ m. Pregnant  
☐ e. SSI/SSDI ☐ n. Maternal  
☐ f. SED (child) ☐ o. Juvenile/Criminal Justice  
☐ g. SPMI (adult) ☐ p. Communicable Disease Risk  
☐ h. TBI  
☐ i. In DSS Custody (child)

8a. Since the last COI, enter the # of Admissions  
 number of admissions to an inpatient unit for a psychiatric problem  
 (for initial COI, last 12 months.)

8b. Since the last COI, enter the # of Admissions  
 number of admissions to an inpatient unit for a substance abuse problem  
 (for initial COI, last 12 months)

8c. Since last COI, has client had more than one face to face crisis contact after regular clinic hours?  
 (for initial COI, last 12 months) ☐ (1) ☐ (2)  
 Yes No

5. Global Assessment of Functioning (Child & Adult)  
GAF Score
  

## 6. Child and Adolescent Functional Assessment (CAFAS)

a Role Performance b Behavior Toward Others c Moods/ Self Harm d Substance Abuse e Thinking

7a. Is client actively engaged in treatment at this time?

(1) (2) (3)  
☐ Yes ☐ Somewhat ☐ No

7b. If prescribed, does the client currently take psychotropic medications as directed?

☐ Yes ☐ No ☐ None prescribed

7c. In past three months, has the client participated in a self-help, self-advocacy or other community peer group?

(1) (2)  
☐ Yes ☐ No

7d. In the past three months, has the client participated in typical community activities such as church, sports events, shopping, etc.?

(1) (2) (3)  
 often sometimes never  
☐ ☐ ☐

9. Substance Use (ask all clients)  
"In last three months have you used..... If yes, how often"a. Tobacco Use b. Heavy Alcohol Use ( $\geq$ m5(f4) drinks per sitting) c. Regular Alcohol Use (<m5(f4) drinks per sitting) d. Marijuana or Hashish Use e. Cocaine or Crack Use f. Heroin or Other Opiate Use g. Other Drug Use h. Other Drug Use I. NO USE REPORTED ☐

Ask frequency for each drug client reports using.

## Frequency Codes

0- Not used  
 1- 1-3 times monthly or less  
 2- 1-2 times weekly  
 3- 3-6 times weekly  
 4- Daily

## Drug Codes

05-Non-prescription Methadone  
 07- PCP  
 08- Other Hallucinogen  
 09- Methamphetamine  
 10-Other Amphetamine  
 11- Other Stimulant  
 12- Benzodiazepine  
 13- Other Tranquilizer  
 14- Barbiturate  
 15- Other Sedative or Hypnotic  
 16-Inhalant  
 17- Over the Counter (inappropriate use)

Client Record Number

     
Mark X or ✓ in ☐Mark number in **10. Current Living Arrangement** (select one code from list that best describes place client has lived for > 2 consecutive weeks)
 

01 - Independent (own home, apartment, dormitory, rooming house)

02 - Living with parents or relatives

03 - Living alone with supports

04 - Homeless - street, shelter, vehicle

05 - Correctional facility- prison, jail, training school, detention ctr.

06 - Institution - psychiatric hospital, MR center, secure nonmedical

07 - Residential Facility - halfway house, group home, child caring institution

08 - Foster family, alternative family living

09 - Nursing Home - ICF, SNF

10 - Adult Care Home - Rest Home 7 beds or more

11 - Adult Care Home - 6 beds or less

Family Care Home, DDA Group Home

12 - Community ICF-MR - 6 beds or less

13 - Community ICF-MR - 7 beds or more

14 - Hospital - Medical

**14. Current Employment Status** (enter one code from list that best describes overall employment status)

0- Unemployed (seeking work)

1- Employed full time

2- Employed part time

3- Not in work force - student

4- Not in work force- retired

5- Not in work force-homemaker

6- Not in work force (not avail. for work)

7- Armed forces/

National Guard

8- Seasonal/migrant

9- Unknown

**15. Expanded Employment Descriptors** (Mark all that apply)
☐

a. Student

☐
b. Unpaid work/  
Community Service
☐
c. Sheltered Employment  
(Less than minimum wage)
☐
d. Supported/transitional  
employment
☐
e. Same employer for  
three months or more
☐

f. Retired

☐

m. Not seeking employment

☐

g. Unable to work

☐

h. Institutionalized

☐

i. Incarcerated

☐

j. Vocational

☐

k. On waiting list for

Vocational Supports

☐
l. Adult Day Vocational  
Program (ADVP)**11a.** Is the individual currently living in housing arranged/supervised by the area program?
☐

Yes

☐

No

**11b.** Is the individual currently living in a residence of his/her choice?
☐

Yes

☐

No

**11c.** Is the individual currently living in a setting that maximizes his/her independence? Yes No
☐

Yes

☐

No

**16. Hours worked** (Enter the number of hours for the average week, in the past three months.)**Work First Clients ONLY:**
 

a. Paid Hours

 

b. Unpaid Hours

 

c. Work First Paid Hours

 

d. Work First Unpaid Hours

**12a.** Does the client report that persons living with him/her have abused substances within last 3 months?
☐

Yes

☐

No

**12b.** Does the client report being kicked, hit or slapped or otherwise physically hurt by a spouse/partner or other person in the home within the last 3 months?
☐

Yes

☐

No

**12c.** Has there been a Child or Adult Protective Service investigation for this household since the last COI (For initial COI last 12 mo)?
☐

Yes

☐

No

**12d.** Is the client currently living in substandard housing?
☐

Yes

☐

No

(no indoor plumbing, heating, running water)

**13.** In the past three months, has client had any arrests (including DWI), probation or parole violations? (exclude other traffic violations)
☐

Yes

☐

No

**17a.** Has the client received a grade promotion, diploma or GED as scheduled since the last COI (For initial COI, last 12 mo.)

1-Yes, completed a program of study or promoted as scheduled.

2- Is still enrolled in the program of study

(enter one code from list)

3- No, did not complete as scheduled(dropped out, failed, held back, etc.)

9 -Not applicable (not enrolled since last COI)

**Complete 17b & c for students under 18 years****17b.** In the past three months, has the client missed more than 5 days due to truancy?
☐

Yes

☐

No

**17c.** In the past three months, has the client received out of school suspension or been expelled?
☐

Yes

☐

No

**For clients in a vocational program:****17d** Since the last COI, has the client completed a vocational program?
☐

Yes

☐

No